

TEXAS DEPARTMENT OF HEALTH BUREAU OF RADIATION CONTROL
APPLICATION FOR REGISTRATION OF INDUSTRIAL RADIATION MACHINE AND SERVICES

Instructions -- Complete **ALL ITEMS** of the application. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control, 1100 West 49th Street, Austin, Texas 78756-3189. Retain a copy for your files. Upon approval of the application, the applicant will receive a Certificate of Registration and information pertinent to the safe use of radiation machines. If there are any questions, contact the Bureau of Radiation Control at (512)834-6688.

1. a. Legal name of business, facility or individual:* b. Business mailing address:	2. Physical address where radiation machines will be used: (Submit separate application forms for each additional use location under this registration.)
3. Telephone No:	4. County of use:
5. Fax No:	6. E-Mail Address
7. Radiation Safety Officer (RSO): (Attach Resume)	8. Name of company supplying personnel monitoring: (film badge/TLD)
9. Type of action: (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> New Registration (Attach appropriate fee)</div> <div style="width: 33%;"><input type="checkbox"/> Name Change</div> <div style="width: 33%;"><input type="checkbox"/> Equipment Change *</div> <div style="width: 33%;"><input type="checkbox"/> Renewal of Registration No. _____</div> <div style="width: 33%;"><input type="checkbox"/> Address Change</div> <div style="width: 33%;"><input type="checkbox"/> Additional Use Location</div> <div style="width: 33%;"><input type="checkbox"/> Amendment to Registration No. _____</div> <div style="width: 33%;"><input type="checkbox"/> RSO Change</div> <div style="width: 33%;"><input type="checkbox"/> Additional Service</div> </div>	

10. MACHINE DATA: To be completed by applicants **USING** radiation machines.

Manufacturer	Use Code Table on Back	Control Panel Model No.	Control Panel Serial No.	Location

11. SERVICES: To be completed by applicants who **PROVIDE** x-ray machine servicing and/or services.

Indicate type of servicing and/or services provided. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Assembler, X-Ray (Assemble, Install, Repair) <input type="checkbox"/> Calibration of X-Ray Equipment* <input type="checkbox"/> Demonstration and Sales* <input type="checkbox"/> Calibration of Measuring Instruments </div> <div style="width: 50%;"> <input type="checkbox"/> Consultant, X-Ray* <input type="checkbox"/> Agency Accepted Training Course <input type="checkbox"/> Provider of Equipment* <input type="checkbox"/> Provider of Personnel Monitoring Services NVLAP Approved </div> </div>			
12. I do hereby accept the responsibilities of radiation safety officer. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Signature of Radiation Safety Officer </div> <div style="width: 20%;"> _____ Date </div> <div style="width: 40%;"> _____ Typed or Printed Name </div> </div>			
13. Certification: I certify that the information is true and correct to the best of my knowledge. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Signature of Applicant </div> <div style="width: 20%;"> _____ Date </div> <div style="width: 40%;"> _____ Typed or Printed Name </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> _____ Signature of Owner or Partner* </div> <div style="width: 20%;"> _____ Date </div> <div style="width: 40%;"> _____ Typed or Printed Name </div> <div style="width: 20%; text-align: right;"> _____ Driver's License No. </div> </div>			

INSTRUCTIONS

The following is an explanation for the specific items identified by an asterisk (*), from the front page.

Item 1a: Legal name of business, facility or individual

A Franchise Tax Information Form (BRC Form 226-1) must be submitted for all new applications and for any name or ownership change.

Item 9: Equipment change: Deletion of x-ray equipment

On a separate page, document the disposition of the deleted unit(s). Include the name and address to whom the equipment has been transferred, or how it was disposed.

Item 11: Services:

Calibration of x-ray equipment: Requires the applicant to submit the interval to be followed to calibrate electronic equipment used in radiation machine servicing - (e.g.: kVp meters, voltmeters)

Demonstration and Sales: Involves an individual who energizes or causes a radiation machine to be energized in order to demonstrate the equipment.

Consultant: Is an individual who provides radiation protection or health physics consultations or surveys that require the consultant to operate or cause a radiation machine to be operated in order to make measurements or gather data.

Provider of Equipment: Is an entity that furnishes a radiation machine on a routine basis to a facility for limited time periods.

Item 13: Signature of Owner or Partner: This line does not need to be completed if the business is a corporation.

MACHINE USE CODES	
INDUSTRIAL RADIOGRAPHY	
In Plant - 027	Temporary Job Site - 028
A - Cabinet X-Ray - Certified	
B - Industrial Accelerator	
INDUSTRIAL X-RAY (other than Radiography)	
026 Cabinet X-Ray - Certified	025 Gauges - X-Ray
103 Cathodoluminescence Device	054 Hand-Held Light Intensifying Device
069 CT Scanner	082 Ion Implantation Device
014 Diffraction X-Ray	102 Industrial Accelerator
059 Electron Beam Welding	010 Medical Diagnostic X-Ray
016 Electron Microscope	039 Package X-Ray - Airport
104 Flash X-Ray	056 Package X-Ray - Non-Airport
018 Fluorescence X-Ray	081 Particle Size Analyzer
020 Fluoroscopy	044 Spectroscopy or Spectrography
	097 Other - Specify
	107 Minimal Threat - Other